



Kansas Department of Health and Environment
Bureau of Air and Waste Management
Forbes Field, Topeka, Kansas 66620

Hazardous Waste Generator/Transporter Compliance Inspection Report

General

Time 14:00 Date 03 Aug 94

Facility Name Rose America Corporation EPA ID No. N/A

Street 4105 West Pawnee City Wichita, KS Zip 67213

Mailing Address (if different than above) (P.O. Box 1300) 1300 HAM 67213

County Sedgwick Phone (316) 264-0231

Contact(s) Jerry Murray, mgr

Inspector(s) Gil Perez, BDO, Wichita

Type of Business Sewing Shop (mostly dog/cat collars.)

Has the company declared any information/processes as trade secrets (KSA 65-3447)? Yes No
If yes, explain.

452726



RCRA RECORDS

Industrial Wastes Generated

(List hazardous wastes first)

Waste:	Fabric / Scraps	Cardboard / Paper
If waste is hazardous, give HW ID Number:	NA	NA
Amount generated per month:	200-300# / wk	400-500# / wk
Amount presently in storage:	none	500# +
Accumulation time:	wk	monthly.
Present disposal method:	BFI	BFI / Recycled Cardboard (Weyerhaeuser)

RCRA FILE COPY

DOCUMENT #

Waste:		
If waste is hazardous, give HW ID Number:		
Amount generated per month:		
Amount presently in storage:		
Accumulation time:		
Present disposal method:		

General Requirements (GGR)

- I. Has the facility evaluated all potentially hazardous waste(s) to determine if it is hazardous? (KAR 28-31-4(b)) Yes ☒ No ☐
- A. If waste(s) was tested, was the analysis conducted by a laboratory certified by KDHE? (KAR 28-31-4(b)(3)(A)) Yes ☐ No ☐ NA ☒
- B. If waste(s) was tested, are the results kept for three years? (KAR 28-31-4(f)(1)(C)) Yes ☐ No ☐ NA ☒
- II. If hazardous waste(s) is disposed of via the sanitary sewer to a Publicly Owned Treatment Works (POTW), has written permission been obtained from the operator of the POTW? (KAR 28-31-3/40 CFR 261.4) Yes ☐ No ☐ NA ☒
- III. If industrial waste(s) is disposed of at a permitted sanitary landfill, has a disposal authorization been obtained? (KAR 28-29-23) Yes ☐ No ☐ NA ☒
- A. If yes, list the authorization number(s): _____
- IV. Facility size classification:
- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Not a Generator | <input type="checkbox"/> Small Qty. Generator | <input type="checkbox"/> Kansas Generator | <input type="checkbox"/> EPA Generator |
| <input type="checkbox"/> T/S/D Facility | <input type="checkbox"/> Transporter | <input type="checkbox"/> HW Burner/Marketer | <input type="checkbox"/> Used oil Burner/Marketer |

Hazardous Waste Determination Requirements: ☒ Adequate ☐ Inadequate

Notification Requirements (GGR)

- V. Has generator notified KDHE and obtained an EPA Identification Number? (KAR 28-31-4(c)) Yes ☐ No ☐ NA ☒
- VI. Is current notification accurate? (KAR 28-31-4(c)(1)) Yes ☐ No ☐ NA ☒
- A. Is this facility marketing (selling) hazardous waste as a fuel? Yes ☐ No ☐ NA ☒
- B. Is this facility marketing (selling) used oil as a fuel? Yes ☐ No ☐ NA ☒
- (If yes, to either question A or B, complete Used Oil Fuel Marketers/Blenders Checklist.)
- C. Is this facility burning hazardous waste as a fuel? Yes ☐ No ☐ NA ☒
- D. Is this facility burning used oil as a fuel? Yes ☐ No ☐ NA ☒

Notification Requirements: ☒ Adequate ☐ Inadequate ☐ NA

(If small quantity generator, stop here.)

Kansas Department of Health & Environment
Bureau of District Operations - South Central District

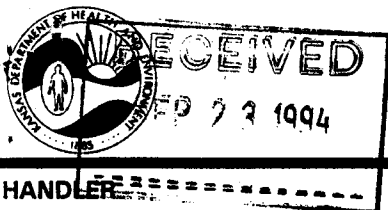
Additional Information for Inspection/Investigation

Rose America Corporation - 4105 West Pawnee, Wichita, Kansas - Non-generator

I inspected this facility on August 3, 1994 as a part of an inquiry into waste generation activities at this and neighboring businesses. The RCRA inspection resulted in classifying this facility as a non-generator of hazardous waste.

Rose American Corporation is a sewing shop employing about 70 people. The wastes generated include fabric from the dog/cat collars assembled for WalMart here. The fabric is considered a solid waste and the wastestream is minimized for economic reasons. The cardboard containers used for shipment and for receiving materials is collected and sent to a local paper recycler.

It is unlikely that this business is a PRP for the recently discovered groundwater contamination nearby. The business has only occupied the location for approximately seven (7) weeks. A tour of the building revealed no drains or unprotected wells located in the process areas. The only drains in the building were from kitchen and bathroom facilities and these appeared to be relatively clean.



Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
A

HANDLER: _____

ID Number: MONNOTIFIER LDF () TSF () GEN () KG () SQ () TRA ()
HWM () HWB () UOM () UOB () NOT A GEN (X)

Handler Name: ROSE AMERICA CORPORATION AT 10-7-94 CL N/A
FT 9/28/94 RCRIS N/A

Street: 4105 W. PAWNEE City: WICHITA County: SEDGWICK

EVALUATION New ☒ Followup: Date (on site) ☐ ☐ ☐ Date (of letter) ☐ ☐ ☐ ☐ Delete ☐

Date 94 08 03 Agency S Type CEI Reason 00 Person GLP District SC

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator		Transporter	Treatment/Storage/Disposal Facility				Other
GER <input type="checkbox"/>	GPT <input type="checkbox"/>	TGR <input type="checkbox"/>	DCH <input type="checkbox"/>	DGW <input type="checkbox"/>	DMC <input type="checkbox"/>	DPP <input type="checkbox"/>	BRR <input type="checkbox"/>
GGR <input type="checkbox"/>	GRR <input type="checkbox"/>	TMR <input type="checkbox"/>	DCL <input type="checkbox"/>	DIN <input type="checkbox"/>	DMR <input type="checkbox"/>	DSI <input type="checkbox"/>	CAS <input type="checkbox"/>
GLB <input type="checkbox"/>	GSC <input type="checkbox"/>	TOR <input type="checkbox"/>	DCP <input type="checkbox"/>	DLB <input type="checkbox"/>	DOR <input type="checkbox"/>	DTR <input type="checkbox"/>	CSS <input type="checkbox"/>
GMR <input type="checkbox"/>	GSQ <input checked="" type="checkbox"/>	TRR <input type="checkbox"/>	DFR <input type="checkbox"/>	DLF <input type="checkbox"/>	DOT <input type="checkbox"/>	DTT <input type="checkbox"/>	FEA <input type="checkbox"/>
GOR <input type="checkbox"/>		TWD <input type="checkbox"/>	DGS <input type="checkbox"/>	DLT <input type="checkbox"/>	DPB <input type="checkbox"/>	DWP <input type="checkbox"/>	ILD <input type="checkbox"/>

Used Oil UOM ☐ UOB ☐ UTM ☐ SUM ☐ SUB ☐

COMMENTS

NOT A GENERATOR. NO VIOLATIONS

Complaint was actually re: Porco Canvas which is no longer there.

VIOLATION # _____ Date Determined ☐ ☐ ☐ ☐ ☐ ☐

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S Number ☐ ☐ ☐ ☐ Area ☐ ☐ ☐ ☐ Class ☐ Priority ☐ Type ☐ ☐

Regulation Citation: _____

Description: _____ Returned to Compliance ☐ ☐ ☐ ☐ ☐ ☐

Scheduled: ☐ ☐ ☐ ☐ ☐ ☐

Actual: ☐ ☐ ☐ ☐ ☐ ☐

VIOLATION # _____ Date Determined ☐ ☐ ☐ ☐ ☐ ☐

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S Number ☐ ☐ ☐ ☐ Area ☐ ☐ ☐ ☐ Class ☐ Priority ☐ Type ☐ ☐

Regulation Citation: _____

Description: _____ Returned to Compliance ☐ ☐ ☐ ☐ ☐ ☐

Scheduled: ☐ ☐ ☐ ☐ ☐ ☐

Actual: ☐ ☐ ☐ ☐ ☐ ☐

VIOLATION # _____ Date Determined ☐ ☐ ☐ ☐ ☐ ☐

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S Number ☐ ☐ ☐ ☐ Area ☐ ☐ ☐ ☐ Class ☐ Priority ☐ Type ☐ ☐

Regulation Citation: _____

Description: _____ Returned to Compliance ☐ ☐ ☐ ☐ ☐ ☐

Scheduled: ☐ ☐ ☐ ☐ ☐ ☐

Actual: ☐ ☐ ☐ ☐ ☐ ☐

VIOLATION # _____ Date Determined ☐ ☐ ☐ ☐ ☐ ☐

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S Number ☐ ☐ ☐ ☐ Area ☐ ☐ ☐ ☐ Class ☐ Priority ☐ Type ☐ ☐

Regulation Citation: _____

Description: _____ Returned to Compliance ☐ ☐ ☐ ☐ ☐ ☐

Scheduled: ☐ ☐ ☐ ☐ ☐ ☐

Actual: ☐ ☐ ☐ ☐ ☐ ☐

Facility Name:

ROSE AMERICA CORPORATION

FORM B

[illegible]

Handler Name:

VIOLATION # _____	Date Determined	<div><div>M</div><div>M</div></div>	<div><div>D</div><div>D</div></div>	<div><div>Y</div><div>Y</div></div>
New <div><div></div><div></div></div>	Change <div><div></div><div></div></div>	Delete <div><div></div><div></div></div>	Comments <div><div></div><div></div></div>	
Agency	Number	Area	Class	Priority
<div>S</div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div></div>	<div></div>
Type				
<div><div></div><div></div></div>				

Regulation Citation: _____

Description: _____ Returned to Compliance

Delete Person

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Agency	Violation Number	Area
S		
S		
S		
S		

Comments: